

Exhibit 11

Form 1040 Department of the Treasury—Internal Revenue Service **1990** (P)

For the year Jan.—Dec. 31, 1990, or other tax year beginning 1990, ending 19 OMB No. 1545-0074

Label
(See instructions on page 8.)
Use IRS label. Otherwise, please print or type.

U.S. Individual Income Tax Return

DAVID M. NASCHMAN
Your first name and initial Last name
DAVID M. NASCHMAN
If a joint return, spouse's first name and initial Last name
TORELL HARDING
Home address (number and street). (If you have a P.O. box, see page 9.) Apt. no.
425 EAST 51st STREET **5A-6A**
City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.)
NEW YORK NEW YORK 10022

Presidential Election Campaign
(See page 9.) Do you want \$1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want \$1 to go to this fund? ☒ Yes ☐ No Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status
Check only one box.
1 ☐ Single. (See page 10 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here.
4 ☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent, enter this child's name here.
5 ☐ Qualifying widow(er) with dependent child (year spouse died \geq 19). (See page 10.)

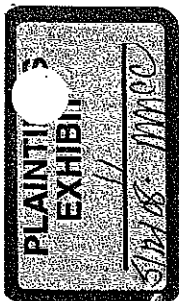
Exemptions
(See instructions on page 10.)
If more than 6 dependents, see instructions on page 11.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☒ Spouse
c Dependents:
(1) Name (first, initial, and last name) (2) Check if under age 2 (3) If age 2 or older, dependent's social security number (4) Dependent's relationship to you (5) No. of months lived to your home in 1990
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ☐
e Total number of exemptions claimed **2**

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7 Wages, salaries, tips, etc. (attach Form(s) W-2) **7 5,329,797.39**
8a Taxable interest income (also attach Schedule B if over \$400) **8a 214,574.44**
b Tax-exempt interest income (see page 13). DON'T include on line 8a **8b**
9 Dividend income (also attach Schedule B if over \$400) **9 4,236.99**
10 Taxable refunds of state and local income taxes, if any, from worksheet on page 14 **10**
11 Alimony received **11**
12 Business income or (loss) (attach Schedule C) **12**
13 Capital gain or (loss) (attach Schedule D) **13 13,117.37**
14 Capital gain distributions not reported on line 13 (see page 14) **14**
15 Other gains or (losses) (attach Form 4797) **15**
16a Total IRA distributions **16a** 16b Taxable amount (see page 14) **16b**
17a Total pensions and annuities **17a** 17b Taxable amount (see page 14) **17b**
18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) **18**
19 Farm income or (loss) (attach Schedule F) **19**
20 Unemployment compensation (insurance) (see page 16) **20**
21a Social security benefits **21a** 21b Taxable amount (see page 16) **21b**
22 Other income (list type and amount—see page 16) **22**
23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income **23 5,541,728.19**

Adjustments to Income
(See instructions on page 17.)
24a Your IRA deduction, from applicable worksheet on page 17 or 18 **24a**
b Spouse's IRA deduction, from applicable worksheet on page 17 or 18 **24b**
25 One-half of self-employment tax (see page 18) **25**
26 Self-employed health insurance deduction, from worksheet on page 18 **26**
27 Keogh retirement plan and self-employed SEP deduction **27**
28 Penalty on early withdrawal of savings **28**
29 Alimony paid. Recipient's SSN **29**
30 Add lines 24a through 29. These are your total adjustments **30**
31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57 **31 5,541,728.19**



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Form 1040 (1990)

Page 2

Tax Computation		32	Amount from line 31 (adjusted gross income)	32	5,561,728	19
33a Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here		33a				
b If your parent (or someone else) can claim you as a dependent, check here		33b				
c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here		33c				
34 Enter the larger of: • Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR • Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here.		34		643,143	17	
35 Subtract line 34 from line 32		35		4,918,565	02	
36 Multiply \$2,050 by the total number of exemptions claimed on line 6e		36		4,100	00	
37 Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)		37		4,914,465	02	
38 Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input checked="" type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8615 (see page 21) (If any is from Form(s) 8814, enter that amount here) d		38		1,377,198	20	
39 Additional taxes (see page 21). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972		39			00	
40 Add lines 38 and 39		40		1,377,198	20	
Credits (See instructions on page 21.)		41	Credit for child and dependent care expenses (attach Form 2441)	41		
42 Credit for the elderly or the disabled (attach Schedule R)		42		42		
43 Foreign tax credit (attach Form 1116)		43		43		
44 General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify)		44		44		
45 Credit for prior year minimum tax (attach Form 8801)		45		45		
46 Add lines 41 through 45		46			00	
47 Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.)		47		1,377,198	20	
Other Taxes		48	Self-employment tax (attach Schedule SE)	48		
49 Alternative minimum tax (attach Form 6251)		49		49		
50 Recapture taxes (see page 22). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611		50		50		
51 Social security tax on tip income not reported to employer (attach Form 4137)		51		51		
52 Tax on an IRA or a qualified retirement plan (attach Form 5329)		52		52		
53 Advance earned income credit payments from Form W-2		53		53		
54 Add lines 47 through 53. This is your total tax		54		1,377,198	20	
Payments Attach Forms W-2, W-2G, and W-2P to front:		55	Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>)	55	1,116,624	46
56 1990 estimated tax payments and amount applied from 1989 return		56		56		
57 Earned income credit (see page 23)		57		57		
58 Amount paid with Form 4868 (extension request)		58		58		
59 Excess social security tax and RRTA tax withheld (see page 24)		59		59		
60 Credit for Federal tax on fuels (attach Form 4136)		60		60		
61 Regulated investment company credit (attach Form 2439)		61		61		
62 Add lines 55 through 61. These are your total payments		62		1,116,624	46	
Refund or Amount You Owe		63	If line 62 is more than line 54, enter amount OVERPAID	63		
64 Amount of line 63 to be REFUNDED TO YOU		64		64		
65 Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX		65		65		
66 If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to: "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it.		66		260,573	74	
67 Estimated tax penalty (see page 25)		67		00		

Sign Here

Keep a copy of this return for your records.

Paid Preparer's Use Only

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Preparer's signature	Date	Your occupation
<i>James M. [Signature]</i>	4-14-91	Attorney-at-Law
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation
<i>Steele Harding</i>	4-14-91	Vice President & General Counsel
Firm's name (or yours if self-employed) and address	Date	Preparer's social security no.
	Check if self-employed <input type="checkbox"/>	E.I. No.
		ZIP code

*U.S. Government Printing Office: 1990-265-058

DN00420

3 Employer's ID # 13-3247448		4 Employer's state ID #		5 Employee's social sec. #		8 Advance EIC payment 0.00		9 Federal income tax withheld 23,092.82		Copy B for Employees Federal Tax Return	
6 Statutory employee <input type="checkbox"/> Disability <input type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input type="checkbox"/> SSI <input type="checkbox"/> Dependent compensation <input checked="" type="checkbox"/>		7 Allocated tips 0.00		10 Wages, tips, other comp. 150,258.43		11 Social sec. tax withheld 3,924.45		12 Social security wages 51,300.00			
2 Employer's name, address and ZIP code INFO SOLUTIONS 4 WEST RED OAK LANE WHITE PLAINS NY 10604				13 Social security tips 0.00		14 Nonqualified plans 0.00		15 Dependent care benefits 0.00			
19 Employee's name, address and ZIP code TDEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022 BBON31290107				16 Fringe benefits incl. in Box 10 455.00		17 Codes explained on backer B - 1,464.21 D - 7,979.00 0.00 0.00 0.00					
				24 State income tax 10,661.23		25 State wages, tips, etc. 150,258.43		26 Name of State NEW YORK			
				27 Local income tax 5,221.39		28 Local wages, tips, etc. 150,171.97		29 Name of locality NEW YORK CITY			
				Local income tax		Local wages, tips, etc.		Name of locality			

FORM W-2 Wage and Tax Statement 16-0321690 This information is being furnished to the Internal Revenue Service OMB 1545-0008 YEAR 1990 FOLD TEAR ON PERP

W-2 Federal Filing Copy									
Form W-2 Wage and Tax Statement 1990 OMB No 1545-0008 Copy B to be filed with employee's FEDERAL Income Tax Return. Department of the Treasury, Internal Revenue Service This information is being furnished to the IRS and appropriate State officials.									
1 Control Number 000205 & DH	2 Dept. T	3 Corp. 34	Employer's name, address and ZIP code LIN BROADCASTING 1370 AVE OF THE AMERICAS NEW YORK NY 10019						
3 Employer's ID number 62-0873800	4 Employer's state ID number 620573800	5 Employee's BSA number [REDACTED]	6 Stat Emp. (Discrete)	7 Pension plan	8 Legal rep.	9 942 emp.	10 Deferred comp.	11 Advance EIC payment	
7 Allocated tips	8 Federal income tax 1,039,531.64	9 Wages, tips, other comp. 5,186,058.75	10 Social Security tax 3,924.45	11 Social Security wages 51,300.00	12 Social Security tips	13 Nonqualified plans	14 Dependent care benefits	15 Fringe benefits incl. in Box 10	16 Other
17	Employer's name, address and ZIP code DAVID NASEMAN 425 EAST 51 ST NEW YORK NY 10022								
24 State income tax 398,740.32	25 State wages, tips 5,186,058.75	26 Name of state NY172102	27 Local income tax 184,224.02	28 Local wages, tips 5,186,058.75	29 Name of locality NEW YORK				

DAVID M. NASEMAN 1370 AVENUE OF THE AMERICAS NEW YORK, NY 10019 212-752-9617		159
PAY TO THE ORDER OF <u>Internal Revenue Service</u>		1-482/200
One Hundred Sixty Thousand Five Hundred Seventy three and 4/100		\$ 160,573.74
DOLLARS		
Republic National Bank of New York WORLD HEADQUARTERS 402 FIFTH AVENUE NEW YORK, N. Y. 10018		
MEMO 1990 Form 1040 SSN 096-42-5261		David M. Naseman
⑆026004828⑆ 318188309⑈ 0159		

DN00421

D. Naseman
425 E. 51st St.
Apt. 5A-6A
New York, N.Y. 10022

INTERNAL REVENUE SERVICE CENTER
Holtsville, New York 00501-0002

DAVID M. NASEMAN		NO	153
TOEHL HARDING			
425 EAST 51ST STREET NEW YORK, NY 10022			
212-752-9417		<u>April 14, 1991</u>	1-482260
Internal Revenue Service			
One Hundred Thousand + 22/100			
\$ 100,000.22			
DO NOT WRITE			
Republic National Bank of New York			
WORLD HEADQUARTERS 482 FIFTH AVENUE NEW YORK, N.Y. 10018			
<u>MEMO</u> 1990 FEB 10 40			
55# 086-42-526/1:0260048281			
1100015311			
<u>David M. V. For Lm Bm</u>			

DN00422

SCHEDULES A&B
(Form 1040)Department of the Treasury
Internal Revenue Service (P)**Schedule A—Itemized Deductions**

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1990Attachment
Sequence No. 07

Name(s) shown on Form 1040

DAVID M. NASEMAN and TOEHL HARDING

Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses. (See page 27 of the instructions.)	1		
2	Enter amount from Form 1040, line 32	2		
3	Multiply the amount on line 2 by 7.5% (.075). Enter the result	3		
4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-	4		00
Taxes You Paid	5 State and local income taxes	5	600,445	03
6	Real estate taxes	6	11,533	75
7	Other taxes. (List—include personal property taxes.) ▶ <u>Mass. Tax on Automobiles & Personal Property</u>	7	3,012	49
8	Add the amounts on lines 5 through 7. Enter the total	8	614,991	27
Interest You Paid	9a Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10.	9a	7,782	75
b Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ▶				
9b				
10	Deductible points. (See instructions for special rules.)	10		
11	Deductible investment interest (attach Form 4952 if required). (See page 28.)	11		
12a	Personal interest you paid. (See page 28.)	12a		
b Multiply the amount on line 12a by 10% (.10). Enter the result		12b		
13	Add the amounts on lines 9a through 11, and 12b. Enter the total	13	7,782	75
Gifts to Charity	Caution: If you made a charitable contribution and received a benefit in return, see page 29 of the instructions.			
14	Contributions by cash or check	14	19,889	15
15	Other than cash or check. (You MUST attach Form 8283 if over \$500.)	15	500	00
16	Carryover from prior year	16		
17	Add the amounts on lines 14 through 16. Enter the total	17	20,389	15
Casualty and Theft Losses	18 Casualty or theft loss(es) (attach Form 4684). (See page 29 of the instructions.) ▶	18		00
Moving Expenses	19 Moving expenses (attach Form 3903 or 3903F). (See page 30 of the instructions.) ▶	19		00
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 if required. See instructions.) ▶	20		
21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶	21		
22	Add the amounts on lines 20 and 21. Enter the total	22		
23	Enter amount from Form 1040, line 32	23		
24	Multiply the amount on line 23 by 2% (.02). Enter the result	24		
25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-	25		00
Other Miscellaneous Deductions	26 Other (from list on page 30 of instructions). List type and amount ▶	26		00
Total Itemized Deductions	27 Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the instructions	27	643,163	17

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1990

DN00423

Schedules A&B (Form 1040) 1990

OMB No. 1545-0074 Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Your social security number

DAVID M. NASEMAN and TOHL HARDING

Schedule B—Interest and Dividend Income

Attachment
Sequence No. 08Part I
Interest
Income(See
Instructions
on pages 13
and 30.)

If you received more than \$400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than \$400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Interest Income	Amount
1 Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see Instructions and list that interest first.)	
Republic National Bank of New York	160,073.83
Republic National Bank of New York	54,502.61
2 Add the amounts on line 1. Enter the total	214,576.44
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	—
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	214,576.44

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II
Dividend
Income(See
Instructions on
pages 13 and
31.)

If you received more than \$400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income	Amount
5 Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.)	
Merrill Lynch Pierce, Fenner & Smith	3,459.90
W.N. Broadcasting Corporation	1,870.26
6 Add the amounts on line 5. Enter the total	5,330.16
7 Capital gain distributions. Enter here and on Schedule D*	7
8 Nontaxable distributions. (See the Inst. for Form 1040, line 9.)	1,093.17
9 Add the amounts on lines 7 and 8. Enter the total	1,093.17
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9	4,236.99

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.

Part III
Foreign
Accounts
and
Foreign
Trusts(See
Instructions
on page 31.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

11a At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)

b If "Yes," enter the name of the foreign country

12 Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926

Yes	No
	X
	X

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule B (Form 1040) 1990

*U.S. Government Printing Office: 1990 — 265-058

DN00424


Republic National Bank of New York

 452 Fifth Avenue • New York, New York 10018
 MEMBER FDIC
 E.I.N. NO. 13-2774727

1990

FORM 1099 - INT.

RECIPIENT'S ID. NO.

 R-031
 DAVID M NASEMAN
 TOEHL HARDING
 425 EAST 51ST ST
 APT 5A
 NEW YORK NY 10022

STATEMENT OF INTEREST INCOME—RETAIN FOR INCOME TAX PURPOSES

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Please read the instructions on the reverse side of this form and review the information listed below. Should you notice any error or discrepancies, please contact your branch or call us at (212) 944-9616 IMMEDIATELY.

BR. NO.	ACCOUNT NUMBER	ACCOUNT TYPE	¹ INTEREST EARNED	² EARLY WITHDRAWAL PENALTY	⁴ FEDERAL INCOME TAXES WITHHELD
031	318181371	IMDA	54,502.61	0.00	0.00
TOTALS			54,502.61	0.00	0.00

 SUBSTITUTE FORM 1099-INT.
 U.S. TREASURY DEPT.
 INTERNAL REVENUE SERVICE
 OMB NO. 1545-0112

 RNB TAX
 1990

DN00425


Republic National Bank of New York

452 Fifth Avenue • New York, New York 10018

MEMBER FDIC

E.I.N. NO. 13-2774727

1990

FORM 1099 - INT.

RECIPIENT'S ID. NO.



R-031

DAVID NASEMAN

C/O LIN BROADCASTING

1370 AVENUE OF THE AMERICAS

32ND FLOOR

NEW YORK NY 10019

STATEMENT OF INTEREST INCOME---RETAIN FOR INCOME TAX PURPOSES

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Please read the instructions on the reverse side of this form and review the information listed below. Should you notice any error or discrepancies, please contact your branch or call us at (212) 944-9616 IMMEDIATELY.

BR. NO.	ACCOUNT NUMBER	ACCOUNT TYPE	¹ INTEREST EARNED	² EARLY WITHDRAWAL PENALTY	⁴ FEDERAL INCOME TAXES WITHHELD
031	318188309	IMDA	160,073.83	0.00	0.00
TOTALS			160,073.83	0.00	0.00

SUBSTITUTE FORM 1099-INT.
 U.S. TREASURY DEPT.
 INTERNAL REVENUE SERVICE
 OMB NO. 1545-0112.

RNBTAX
 1990

DN00426

Tax Reporting
Statement

ACCOUNT #	F/C #	PAGE #	SS# OR TAX ID
891-46551	1020	1	

MS TOEHL HARDING
425 EAST 51 ST STREET APT 5 A
NEW YORK NY 10022-6449

1990 CONSOLIDATED TAX REPORTING STATEMENT
1099 FORMS

** 10022-6449

MERRILL LYNCH, PIERCE,
FENNER & SMITH, INC.
ONE LIBERTY PLAZA
165 BROADWAY
NEW YORK, NY 10080

FEDERAL IDENTIFYING NUMBER
13-5674085

CASH ACCOUNT
FOR SERVICE CALL:
1-800-ML-HELPS
1-800-654-3577

SUMMARY OF 1990 REPORTABLE ACTIVITY

DIVIDENDS AND OTHER DISTRIBUTIONS
OMB NO. 1545-0110

1099-DIV

	AMOUNT
1A GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK.....	\$3,459.90 *
1B ORDINARY DIVIDENDS.....	\$3,459.90
1C CAPITAL GAIN DISTRIBUTIONS.....	\$0.00
1D NON-TAXABLE DISTRIBUTIONS.....	\$0.00
1E INVESTMENT EXPENSES INCLUDED IN LINE 1A.....	\$0.00
2 FEDERAL INCOME TAX WITHHELD.....	\$0.00
3 FOREIGN TAX PAID.....	\$0.00
4 FOREIGN COUNTRY OR U.S. POSSESSION -	
5 LIQUIDATION DISTRIBUTIONS - CASH.....	\$0.00
6 LIQUIDATION DISTRIBUTIONS - NON-CASH.....	\$0.00
* LINE 1A IS THE SUM OF LINES 1B, 1C, 1D AND 1E. FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED "AN EXPLANATION OF YOUR CONSOLIDATED 1990 TAX REPORTING STATEMENT"	

INTEREST INCOME
OMB NO. 1545-0112

1099-INT

	AMOUNT
1 INTEREST ON BONDS AND CERTIFICATES OF DEPOSIT.....	\$0.00 *
2 EARLY WITHDRAWAL PENALTY.....	\$0.00
3 U.S. SAVINGS BONDS, ETC.....	\$0.00 *
4 FEDERAL INCOME TAX WITHHELD.....	\$0.00
5 FOREIGN TAX PAID.....	\$0.00
6 FOREIGN COUNTRY OR U.S. POSSESSION -	
* YOUR TOTAL REPORTABLE INTEREST IS THE SUM OF LINES 1 AND 3. * INVESTMENT EXPENSES INCLUDED IN LINE 1.....	
	\$0.00

ORIGINAL ISSUE DISCOUNT
OMB NO. 1545-0117

1099-OID

	AMOUNT
1 TOTAL ORIGINAL ISSUE DISCOUNT (FOR 1990).....	\$0.00 **
3 EARLY WITHDRAWAL PENALTY.....	\$0.00
** FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED "AN EXPLANATION OF YOUR CONSOLIDATED 1990 TAX REPORTING STATEMENT" **	

GROSS PROCEEDS FROM DISPOSITIONS OF SECURITIES
OMB NO. 1545-0715

1099-B

	AMOUNT
2 GROSS PROCEEDS LESS COMMISSIONS.....	\$0.00
4 FEDERAL INCOME TAX WITHHELD.....	\$0.00

-89004244

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions will be imposed on you if any of this income is taxable and the IRS determines that it has not been reported.
Code 60C2 (12-90)

DN00427

PAYER'S name, street address, city, state, and ZIP code LIN BROADCASTING CORPORATION 620 BROAD ST NEW YORK, NY 10022 SA		PAYER'S Federal identification number 91-1379052		RECIPIENT'S identification number [REDACTED]		Gross dividends and other distributions on stock (Total of 1b, 1c, 1d, and 1e) \$ 1,870.26		OMB No. 1545-0110 1990		Dividends and Distributions
RECIPIENT'S name and address DAVID M. NASEMAN 425 E 51ST ST APT 5A NEW YORK, NY 10022		1a Capital gain distributions \$ 777.09		1b Ordinary dividends \$ 777.09		Statement for Recipients of		Copy B: For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this dividend income is taxable and the IRS determines that it has not been reported.		
Account number (optional) C9802 29235		1c Investment expenses \$ 0.00		2 Federal income tax withheld \$ 1093.17		3 Foreign tax paid \$ 0.00			4 Foreign country or U.S. possession \$ 0.00	
Liquidation Distributions		5 Cash \$		6 Noncash (Fair market value) \$		Department of the Treasury - Internal Revenue Service		Form 1099-DIV		

☒ CORRECTED (if checked)

DN00428

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (0)**Capital Gains and Losses****(And Reconciliation of Forms 1099-B for Bartering Transactions)**▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545-0074

1990Attachment
Sequence No. 12A

Name(s) shown on Form 1040

DAVID M. NASSMAN and Tochi HARDING

Your social security number

1 Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 9c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See Instructions for line 1.**1****Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see Instructions)	(e) Cost or other basis (see Instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
--	--------------------------------------	----------------------------------	---------------------------------------	--	---	---

2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S transactions. See Instructions.

2b Amounts from Schedule D-1, line 2b (attach Schedule D-1).**2c Total of All Sales Price Amounts.**Add column (d) of lines 2a and 2b . . . ▶ **2c****2d Other Transactions** (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)

3 Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c**3****4** Short-term gain from installment sales from Form 6252, line 22 or 30**4****5** Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries**5****6** Short-term capital loss carryover from 1989 Schedule D, line 29**6****7** Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g)**7****8** Net short-term gain or (loss). Combine columns (f) and (g) of line 7**8****Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year****9a Stocks, Bonds, Other Securities, and Real Estate.** Include Form 1099-B and 1099-S transactions. See Instructions.

110 Common shares of L101 Broadcasting Corp.	1-3-88	3-5-90	\$16,592	10	\$7,205	00			9,387	10
112 Common shares of L101 Broadcasting Corp.	1-3-88	11-29-90	\$11,721	27	\$7,991	00			3,730	27

9b Amounts from Schedule D-1, line 9b (attach Schedule D-1).**9c Total of All Sales Price Amounts.**Add column (d) of lines 9a and 9b . . . ▶ **9c** \$28,313 37**9d Other Transactions** (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)

10 Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c.**10****11** Long-term gain from installment sales from Form 6252, line 22 or 30.**11****12** Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries**12****13** Capital gain distributions**13****14** Gain from Form 4797, line 7 or 9**14****15** Long-term capital loss carryover from 1989 Schedule D, line 36**15****16** Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g).**16****17** Net long-term gain or (loss). Combine columns (f) and (g) of line 16.**17**

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990

DN00429

Schedule D (Form 1040) 1990

Attachment Sequence No. 12A

Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

DAVID M. NASEMAN and TONIA HANSEN

Your social security number

Part III Summary of Parts I and II

18 Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, stop here and also enter the gain on Form 1040, line 13.

18 13, 17 37

19 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of:

a The (loss) on line 18; or

b (\$3,000) or, if married filing a separate return, (\$1,500).

19 ()

Note: When figuring whether line 19a or 19b is smaller, treat both numbers as if they were positive.

Go on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.

Part IV Capital Loss Carryovers from 1990 to 1991**Section A.—Carryover Limit**

20 Enter taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see instructions for amount to enter.)

20

Note: For lines 21 through 36, enter all amounts as positive numbers.

21 Enter the loss on line 19

21

22 Enter the amount on Form 1040, line 36

22

23 Combine lines 20, 21, and 22. If zero or less, enter -0-

23

24 Carryover Limit. Enter the smaller of line 21 or line 23

24

Section B.—Short-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to Section C.)

25 Enter the loss on line 8

25

26 Enter the gain, if any, on line 17

26

27 Enter the amount on line 24

27

28 Add lines 26 and 27

28

29 Short-term capital loss carryover to 1991. Subtract line 28 from line 25. If zero or less, enter -0-

29

Section C.—Long-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 17 and line 19.)

30 Enter the loss on line 17

30

31 Enter the gain, if any, on line 8

31

32 Enter the amount on line 24

32

33 Enter the amount, if any, on line 25

33

34 Subtract line 33 from line 32. If zero or less, enter -0-

34

35 Add lines 31 and 34

35

36 Long-term capital loss carryover to 1991. Subtract line 35 from line 30. If zero or less, enter -0-

36

Part V**Election Not to Use the Installment Method** (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

37 Check here if you elect out of the installment method

▶ ☐

38 Enter the face amount of the note or other obligation

▶

39 Enter the percentage of valuation of the note or other obligation

▶

Part VI**Reconciliation of Forms 1099-B for Bartering Transactions**

(Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule

40 Form 1040, line 22

40

41 Schedule C (Form 1040)

41

42 Schedule D (Form 1040)

42

43 Schedule E (Form 1040)

43

44 Schedule F (Form 1040)

44

45 Other form or schedule (identify) (if nontaxable, indicate reason—attach additional sheets if necessary):

45

46 Total (add lines 40 through 45)

46

Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions.

PAYER'S name, street address, city, state, and ZIP code		Date of sale 03/05/90		OMB No. 1545-0015 1990 Statement for Recipient of	
DUE ON 03/05/1990 0.000		10 CUSIP No.		Form 1099-B Proceeds from Bonds, Treasury Transactions Do not include in income if reported on IRS Form	
MMM HOLDINGS INC/LINN BROADCASTING C/O CHEMICAL BANK 55 WATER ST RM 540 NEW YORK, NY 10041		REF: RB X 203		Gross proceeds less commissions and option premiums Gross proceeds less commissions and option premiums	
PAYER'S Federal identification number 91146947		RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld 0.00	
RECIPIENT'S name (first, middle, last), Street address, City, state, and ZIP code		Description MMM HOLDINGS INC/L		7 Unrealized profit or (loss) on open contracts—(12/31/88)	
DAVID N NASEMAN 425 E 51ST ST APT 6A NEW YORK, NY 10022		Regulated Futures Contracts		8 Aggregate profit or (loss)	
Account number (optional) 000-000-000		1 Bartering		9 Profit or (loss) realized in 1989	
		2 Stocks, bonds, etc.		10 Unrealized profit or (loss) on open contracts—(12/31/88)	
		3 Bartering		11 State income tax withheld	
		4 Federal income tax withheld		12 State/Payer's state number	
		5 Description MMM HOLDINGS INC/L		13 State income tax withheld	
		6 Profit or (loss) realized in 1989		14 State income tax withheld	
		7 Unrealized profit or (loss) on open contracts—(12/31/88)		15 State income tax withheld	
		8 Aggregate profit or (loss)		16 State income tax withheld	
		9 Profit or (loss) realized in 1989		17 State income tax withheld	
		10 Unrealized profit or (loss) on open contracts—(12/31/88)		18 State income tax withheld	
		11 State income tax withheld		19 State income tax withheld	
		12 State/Payer's state number		20 State income tax withheld	
		13 State income tax withheld		21 State income tax withheld	
		14 State income tax withheld		22 State income tax withheld	
		15 State income tax withheld		23 State income tax withheld	
		16 State income tax withheld		24 State income tax withheld	
		17 State income tax withheld		25 State income tax withheld	
		18 State income tax withheld		26 State income tax withheld	
		19 State income tax withheld		27 State income tax withheld	
		20 State income tax withheld		28 State income tax withheld	
		21 State income tax withheld		29 State income tax withheld	
		22 State/Payer's state number		30 State income tax withheld	

PAYER'S name, street address, city, state, and ZIP code		1 Rents		OMB No. 1545-0115 1990		Miscellaneous Income
LIN BROADCASTING CORPORATION 1370 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10019		2 Royalties		Statement for Recipients of		
PAYER'S Federal identification number 62-0673800		3 Prizes, awards, etc.		5 Fishing boat proceeds		Copy 1 For State Tax Department
RECIPIENT'S name DAVID NASEMAN		4 Federal income tax withheld		7 Nonemployee compensation		
Street address 425 East 51st Street		6 Medical and health care payments		8 Substantive payments in lieu of dividends or interest		Copy 1 For State Tax Department
City, state, and ZIP code New York, New York 10022		9 Dividends or interest		10 Corp insurance proceeds		
Account number (optional)		11 State income tax withheld		12 State/Payer's state number		

Form 1099-MISC 16-031650

Department of the Treasury - Internal Revenue Service

DN00431

New York State Department of Taxation and Finance



Resident Income Tax Return

New York State • City of New York • City of Yonkers

For the year Jan. 1 — Dec. 31, 1990, or fiscal tax year beginning , 1990, ending , 19

IT-201

For office use only

Attach label or print or type	Last names	First name and middle initial (if joint return, enter both names)		Your social security number
	WASEMAN, David M. and HARDING, TOSHL			
	Mailing address (number and street or rural route)		Apartment number	Spouse's social security number
	425 East 51st Street		SA-6A	
	City, village or post office	State	ZIP code	New York State county of residence
	New York, New York		10022	New York
In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 20).				School district name
Permanent home address (number and street or rural route)				School district code number
				309
City, village or post office		State	ZIP code	If taxpayer is deceased, enter first name and date of death.
		NY		

- (A) Filing status —
- check one box:
- ① ☐ Single
- ② ☒ Married filing joint return (enter spouse's social security number above)
- ③ ☐ Married filing separate return (enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

- (B) Did you itemize your deductions on your 1990 federal income tax return? Yes ☒ No ☐
- (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒
- (D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box ☐
- (E) Enter the number of exemptions claimed from your federal return, line 6e

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 10).

Federal Income and Adjustments	1	Wages, salaries, tips, etc.	1	5,329,797	39
	2	Taxable interest income	2	214,576	44
	3	Dividend income	3	4,236	99
	4	Taxable refunds of state and local income taxes (also enter on line 24 below)	4		
	5	Alimony received	5		
	6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6		
	7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7	13,117	37
	8	Capital gain distributions not reported on line 7	8		
	9	Other gains or (losses) (attach copy of federal Form 4797)	9		
	10	Taxable amount of IRA distributions	10		
	11	Taxable amount of pensions and annuities	11		
	12	Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040)	12		
	13	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	13		
	14	Unemployment compensation (insurance)	14		
	15	Taxable amount of social security benefits (also enter on line 25 below)	15		
	16	Other income (see instructions, page 10) Identify:	16		
	17	Add lines 1 through 16	17	5,561,728	19
	18	Total federal adjustments to income (see instructions, page 11) Identify:	18		00
New York Adjusted Gross Income	19	Subtract line 18 from line 17. This is your federal adjusted gross income	19	5,561,728	19
	New York Additions: (see instructions, page 11)				
	20	Interest income on state and local bonds (but not those of New York State and local governments within the state)	20		
	21	Public employee 414(h) retirement contributions (see instructions, page 11)	21		
	22	Other (see instructions, page 11) Identify:	22		
	23	Add lines 19 through 22	23	5,561,728	19
	New York Subtractions: (see instructions, page 12)				
	24	Taxable refunds of state and local income taxes (from line 4 above)	24		
	25	Taxable amount of social security benefits (from line 15 above)	25		
	26	Interest income on US government bonds	26		
	27	Pension and annuity income exclusion	27		
	28	Other (see instructions, page 12) Identify:	28		
29	Add lines 24 through 28	29		00	
30	Subtract line 29 from line 23. This is your New York adjusted gross income (if you claimed the standard deduction on your federal return, skip lines 31 through 45 and enter the line 30 amount on line 46 on the back page).	30	5,561,728	19	

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IT-201 (1990) (back)

If you itemized your deductions on federal Form 1040, fill in lines 31 through 45 and continue on line 46.

Tax Computation	31	Medical and dental expenses (from federal Schedule A, line 4)	31		00	
	32	Taxes you paid (from federal Schedule A, line 8)	32	614,991	27	
	33	Interest you paid (from federal Schedule A, line 13)	33	7,782	75	
	34	Gifts to charity (from federal Schedule A, line 17)	34	20,389	15	
	35	Casualty and theft losses (from federal Schedule A, line 18)	35		00	
	36	Moving expenses (from federal Schedule A, line 19)	36		00	
	37	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 25)	37		00	
	38	Other miscellaneous deductions (from federal Schedule A, line 25)	38		00	
	39	Total itemized deductions (from federal Schedule A, line 27)	39	643,163	17	
	40	State, local and foreign income taxes included on line 32 (see instructions)	40	600,445	03	
Credits/Other Taxes/Gifts/Totals	41	Subtract line 40 from line 39	41	43,018	14	
	42	Other adjustments (see instructions, page 14)	42		00	
	43	Line 41 and add or subtract line 42	43	43,018	14	
	44	Itemized deduction adjustment (if line 30 is more than \$100,000, see instructions, page 14; all others enter "0" on line 44)	44	21,509	07	
	45	Subtract line 44 from line 43. This is your itemized deduction	45	21,509	07	
	46	Enter the amount from line 30 on the front page (this is your New York adjusted gross income)	46	5,541,797	39	
	47	Check appropriate box and enter the larger of: <input type="checkbox"/> your standard deduction from instructions, page 15, or <input checked="" type="checkbox"/> your itemized deduction from line 45	47	21,509	07	
	48	Subtract line 47 from line 46	48	5,540,288	32	
	49	Dependent exemptions (from line c of Dependent Exemption Worksheet, instructions page 15)	49	-	00	
	50	Subtract line 49 from line 48. This is your taxable income	50	5,540,288	32	
Payments	51	New York State tax on line 50 amount (use New York State Tax Table on yellow pages 29 through 36)	51	435,579	96	
	52	NY State child and dependent care credit • number of qualifying persons <input type="checkbox"/> cared for in 1990 • amount of federal credit for child and dependent care <input type="checkbox"/> x 20% (.20) =	52			
	53	New York State household credit (from Table I, II or III, instructions page 16)	53			
	54	Other New York State credits (from Form IT-201-ATT, line 7; attach form)	54			
	55	Add lines 52, 53, and 54	55		00	
	56	Subtract line 55 from line 51 (if line 55 is more than line 51, enter "0")	56	435,579	96	
	57	Other New York State taxes (from Form IT-201-ATT, line 15; attach form)	57		00	
	58	Add lines 56 and 57. This is the total of your New York State taxes	58	435,579	00	
	59	City of New York resident tax (use City of NY Tax Table on white pages 37 - 44)	59	216,225	47	
	60	City of NY household credit (from Table IV, V or VI, page 17)	60		00	
Refund/Owe	61	Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0")	61	216,225	47	
	62	City of New York nonresident earnings tax (attach Form NYC-203)	62			
	63	Other city of New York taxes (from Form IT-201-ATT, line 19; attach form)	63			
	64	City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18)	64			
	65	City of Yonkers nonresident earnings tax (attach Form Y-203)	65			
	66	Part-year city of Yonkers resident income tax surcharge (attach Form IT-360.1)	66			
	67	Add lines 61 through 66. This is the total of your city of New York and city of Yonkers taxes	67	216,225	47	
	68	If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, pages 9 and 18)	68		10	00
	69	Add lines 58, 67 and 68. This is the total of your New York State, city of New York and city of Yonkers taxes, and Gift to Wildlife	69	651,815	43	
	70	Real property tax credit (from Form IT-214, line 17; attach form)	70			
Sign Your Return	71	Total New York State tax withheld (attach wage and tax statements to front)	71	409,401	55	
	72	Total city of New York tax withheld (attach wage and tax statements to front; see instructions)	72	189,445	41	
	73	Total city of Yonkers tax withheld (attach wage and tax statements to front; see instructions)	73			
	74	Estimated tax paid/Amount paid with Form IT-370	74			
	75	Add lines 70 through 74. This is the total of your payments	75	598,846	96	
	76	If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both)	76			
	77	Amount of line 76 to be refunded to you	77			
	78	Amount of line 76 to be applied to your 1991 estimated tax	78			
	79	If line 75 is less than line 69, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1990 income tax on it)	79	52,958	47	
	80	Estimated tax penalty (see instructions, page 19)	80		00	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Sign Your Return	Your signature	Date
	Firm's name (or yours, if self-employed)	Preparer's social security number			Spouse's signature (if joint return)	Date
Address		Employer identification number				

DN00433

3 Employer's ID # 19-3247448	4 Employer's state ID #	5 Employee's social sec. #	6 Advance EIC payment 0.00	7 Federal income tax withheld 23,092.82	Copy for City or Local Tax Department
8 Wages, tips, other comp. 150,253.45	9 Social sec. tax withheld 3,924.45	10 Social security wages 51,300.00	11 State income tax 10,661.23	12 State wages, tips, etc. 150,253.43	13 Local income tax 5,221.39
14 Nonqualified plans 0.00	15 Dependent care benefits 0.00	16 Fringe benefits incl. in Box 10 455.00	17 Codes explained on backer B - 1,464.21 D - 7,979.00 0.00	18 Other 0.00 0.00 0.00 0.00	19 Employee's name, address and ZIP code BBON31290107
20 State income tax 10,661.23	21 State wages, tips, etc. 150,253.43	22 Name of State NEW YORK	23 Local income tax 5,221.39	24 Local wages, tips, etc. 150,171.97	25 Name of locality NEW YORK CITY
26 Local income tax 5,221.39	27 Local wages, tips, etc. 150,171.97	28 Name of locality NEW YORK CITY	29 Name of locality NEW YORK CITY	30 Name of locality NEW YORK CITY	31 Name of locality NEW YORK CITY

FORM W-2 Wage and Tax Statement Employee's and Employer's copy compared ☐

OMB 1545-0008 YEAR 1990 FOLD, TEAR ON PER

W-2 State Filing Copy	
1 Form W-2 Wage and Tax Statement 1990 OMB No. 1545-0008	2 Copy 2 to be filed with employee's STATE income tax return.
3 Employee's name, address and ZIP code	4 Employer's name, address and ZIP code
DAVID NASEMAN 425 EAST 51ST ST NEW YORK NY 10022	LN BROADCASTING 1570 AVE OF THE AMERICAS NEW YORK NY 10019
5 Employer's ID number 62-0673900	6 Employee's state ID number 620673800
7 Social Security number 620673800	8 Advance EIC payment 0.00
9 Federal income tax 1,029,531.64	10 Wages, tips, other comp. \$1,186,058.75
11 Social Security tax 3,924.45	12 Social Security wages 51,300.00
13 Social Security tips 0.00	14 Nonqualified plans 0.00
15 Dependent care benefits 0.00	16 Fringe benefits incl. in Box 10 455.00
17 Other 0.00	18 Other 0.00
19 Employee's name, address and ZIP code	20 State income tax 10,661.23
21 State wages, tips, etc. 150,253.43	22 Name of State NEW YORK
23 Local income tax 5,221.39	24 Local wages, tips, etc. 150,171.97
25 Name of locality NEW YORK CITY	26 Local income tax 5,221.39
27 Local wages, tips, etc. 150,171.97	28 Name of locality NEW YORK CITY
29 Name of locality NEW YORK CITY	30 Name of locality NEW YORK CITY

Detach Here Fold And

DAVID M. NASEMAN TOEHL HARDING 425 EAST 51ST STREET NEW YORK, NY 10022		152
N.Y. State Income Tax		April 14, 1991
Fifty-Two Thousand Nine Hundred Fifty-Eight & 47/100		\$ 52,958.47
Memo: 1990 Income Tax; S.S.N. 086-42-8261		1-482/250
Republic National Bank of New York WORLD HEADQUARTERS 482 FIFTH AVENUE NEW YORK, N.Y. 10018		318181371

DN00434